

Provider Nomination Form

Nominate a Physician to join the UnitedHealthcare/Secure Horizons/PacifiCare Medical Plan Networks

If your provider is not already participating with UnitedHealthcare and you would like us to contact your physician's office to see if they join our network, please complete the following information:

Physician Name: _____

Practice Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Physician Phone Number: _____

***Your Name:** _____

***Your Number:** _____

***Optional information**

One of our Contract Specialists will contact the office to see if they would like to become a participating provider. Please allow approximately 90 days for recruitment efforts to be completed. To check status of your nominated physician or to receive an updated listing of participating providers at any time, please visit our websites at www.myuhc.com, www.securehorizons.com or www.pacificare.com.

Return Nomination form to:

United HealthCare – Network Management
2390 E. Camelback Road, Suite 300
Phoenix, AZ 85016

Or email: deborah_p_koubek@uhc.com